



# Hawaii Nurse Aide Testing/Out of State/Reciprocity Application Form

**Print or type clearly and neatly. Incomplete or illegible forms will not be processed.**

## Candidate Information



**Note:** Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not **EXACTLY** match the name on the identification you provide on the day of testing, you will not be allowed to test.

|  |   |  |          |
|--|---|--|----------|
| Social Security Number<br>- - - - -  | Date of Birth (Month, Day, Year)<br>/ / |  |          |
| Have you taken the Certified Nurse Aide exam before? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |          |
| Last Name  | First Name                              | Middle Initial   |          |
| Street Address (including Apt. number or P.O. Box, if applicable)  |   |  |          |
| City   | State                                   | Island   | ZIP Code |
| Home Phone Number (including area code)<br>(      )  | Email Address                           |  |          |
| If you previously have tested or been certified in Hawaii, have you changed your name?<br><input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide your previous name and a copy of the legal documents that support your name change.<br>Previous Name _____ |   |  |          |
| Are you, please check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> An alien authorized to work in the U.S.   |   |  |          |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |   | Are you at least 18 years old?: <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

## Certification Option/Eligibility (See explanation of certification options beginning on Page 2)

| <input checked="" type="checkbox"/> | Certification Route   | Document(s) that must be provided   |
|-------------------------------------|---|---|
|                                     | <b>Route 1</b> – Testing Candidate (Hawaii Trained).                  | Copy of training completion document from a Hawaii-approved training program. |
|                                     | <b>Route 2</b> – Reciprocity/Out of State                             | Copy of current state CNA certificate   |
|                                     | <b>Route 3</b> - Lapsed/Expired                                       |   |
|                                     | <b>Path 1</b> – Attended a Current State-approved training program    | Copy of training completion document from a Hawaii-approved training program. |
|                                     | <b>Path 2</b> – Attended a Closed/Non State-approved training program | Copy of training completion document from a Hawaii-approved training program. |

## Training Information (This section must be completed if the applicant has selected Route 1, 2 and 3)

|   |              |        |          |
|---|--------------|--------|----------|
| Training Completion Date:    __/__/__                             | Total Hours: |        |          |
| Name of Training Program  |              |        |          |
| Training Program Mailing Address (Street Address or P.O. Box)     |              |        |          |
| City  | State        | Island | ZIP Code |
| If a Lapsed Candidate, please provide HI certificate number here: |              |        |          |

**Additional Mandatory Questions (This section must be completed by all applicants)**

| Please check the correct response next to each questions   | Yes | No |
|--|-----|----|
| 1. In the past 20 years, have you ever been convicted of a crime for which the conviction has not been annulled or expunged?             |     |    |
| 2. Has your nurse aide certification ever been revoked, suspended or otherwise subject to disciplinary action by another state registry? |     |    |
| 3. Are you presently being investigated or is any disciplinary action pending against you?   |     |    |

**If you have answered "Yes" to any of the above questions, please provide an explanation on a separate page. The explanation must include date, place, nature of violation, etc. Your application may be subject to Department review, and certified documents relating to your case may be requested.**

**Route 2 – Reciprocity/Out of State Information**

**(this information must be filled out if you are applying using Route 2 – Reciprocity)**

|   |                       |                 |
|---|-----------------------|-----------------|
| Current Certification #   | Date Certified        | Expiration Date |
| Are you currently working as a Nurse Aide? <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                 |
| Name and complete address of current employer:  |                       |                 |
| Street Address  |                       |                 |
| City  | State                 | Zip Code        |
| Date Hired  | Date employment ended |                 |
| Please list all states in which you have been certified   |                       |                 |

**Test Site Information**

Please check one of the following options.

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | <b>Testing at your Facility:</b> My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator (do not send it to Prometric). |   |
| <input type="checkbox"/> | <b>Regional Test Site:</b> I am applying to test at a regional test site. My preferred test site is listed to the right. However, I understand that I will be assigned to the first available testing appointment in my area.   | My Preferred Test Site is:<br><input type="checkbox"/> Big Island of Hawaii-Kona<br><input type="checkbox"/> Big Island of Hawaii-Hilo<br><input type="checkbox"/> Oahu-West <input type="checkbox"/> Oahu-East<br><input type="checkbox"/> Maui <input type="checkbox"/> Kauai |

**Exam Selection and Fees**

|                                     | Exam Selection   | Fee         | Total       |
|-------------------------------------|--|-------------|-------------|
| <input checked="" type="checkbox"/> | <b>First-Time Tester/ Lapsed Candidates</b>  |             |             |
|                                     | <b>Initial Application Processing Fee (one-time fee, nonrefundable)</b>                  | <b>\$25</b> | <b>\$25</b> |
|                                     | Written Test and Clinical Skills Test  | \$200       | \$          |
|                                     | Oral Test and Clinical Skills Test   | \$210       | \$          |
| <input checked="" type="checkbox"/> | <b>Retester</b>  | <b>Fee</b>  |             |
|                                     | Clinical Skills Test ONLY  | \$150       | \$          |
|                                     | Written Test ONLY  | \$50        | \$          |
|                                     | Oral Test ONLY (You may select this option even if you previously took the Written test) | \$60        | \$          |
| <input checked="" type="checkbox"/> | <b>Rescheduling/No Show*</b>   | <b>Fee</b>  |             |
|                                     | Rescheduling Fee (5 business days before the scheduled test date)                        | \$25        | \$          |

|  |   |            |    |
|--|---|------------|----|
|  | <b>Route 2 – Reciprocity/Out of State</b> | <b>Fee</b> |    |
|  | Reciprocity Fee                           | \$25       | \$ |
|  |   |            |    |

### Payment Options

Fee(s) may be paid by certified check, money order. Make checks payable to Prometric. **Personal checks and cash are not accepted. Fees are not refundable or transferable.**

|  |             |                         |
|--|-------------|-------------------------|
| Card Type (Check One)<br><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | Card Number | Expiration Date         |
| Name of Cardholder (Print)   |             | Signature of Cardholder |

### Applicant's Affidavit and Candidate Release Statement

- I understand that I am responsible for making sure all information provided in this application is completely true and correct.
- I understand that if information given is not true, my registration status as a Nurse Aide may be at risk. *(Section 710-1017 Hawaii Revised Statutes)*
- I understand that if I pass both parts of the Nurse Aide Competency Exam, I will be placed on the Hawaii Nurse Aide Registry.
- I understand that I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric and DCCA, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Applicant's Signature

Date

### Employment Information

If currently employed as a Nurse Aide, please fill in the name of Nursing Facility/Long Term Care employer information below

|                  |            |
|------------------|------------|
| Name of Facility | Date Hired |
|------------------|------------|

**If testing at your Facility:** Provide this completed form, along with all necessary documents to your training coordinator (do not send it to Prometric).

**If testing at a Regional Test Site:** Submit this completed form, along with all necessary documents and fees to:

**By Mail:** Prometric, Nurse Aide Program, 354 Uluniu Street, Suite 308, Kailua, HI 96734.

### For Internal use only

|                              |                  |                      |                                  |
|------------------------------|------------------|----------------------|----------------------------------|
| Checked all State Registries | In Good Standing | Not in Good Standing | List States not in Good Standing |
|                              |                  |                      |                                  |